**Probate - Case Manager’s Report**

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| IN THE MATTER OF: |  | Case Number MI- |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Hearing Date |  | |  | |  | |
|  | | | | | | |
| **Central Clinic** | | **GCBHS** | | **Talbert House** | **LYS** | **VA** |
| **New Path** | | **Central Connection** | | **Other:** |  | |

**Answer All Questions:**

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| --- | --- | --- | --- | --- |
| 1. How long have you been this client’s case manager? |  | | | |
| 1. Is there a diagnosis in the client’s record? Indicate diagnoses below: | | None on record | | |
|  | | | | |
| 1. What symptoms of mental illness did you observe in your most recent contact? | | Date of contact: | | |
|  | | | | |
| 1. Does the client have a history of not keeping appointments for treatment or stopping medications? Explain below | | | | Yes  No |
|  | | | | |
| 1. Would the client discontinue treatment or medications if not under community probate? | | | Yes  No  Not Sure | |
| 1. Is the client currently taking medications? | | | Yes  No  Not Sure | |
| 1. Is the client currently compliant with the outpatient treatment plan? If not, please fill out the following below | | | | Yes  No |

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| --- | --- |
| 1. Phone calls- date(s)/time(s) called, able to reach, left message, unable to leave a message, etc. |  |

|  |  |
| --- | --- |
| 1. Mailing(s) dates: |  |

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| --- | --- |
| 1. Home visit(s) dates |  |

|  |  |
| --- | --- |
| 1. Last appointment with MD/prescriber or CM |  |

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| --- | --- | --- |
| 1. Date(s) No-Shows/Rescheduled appointments |  | |
| 1. Is this client dangerous to self when not taking medication or when seriously ill? If yes, give examples below | | | Yes  No |
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|  |  |
| --- | --- |
| 1. Is this client dangerous to others when not taking medications or when seriously ill? If yes, give examples | Yes  No |
|  | |

|  |  |
| --- | --- |
| 1. Is this client unable to take care of own basic needs when not taking medication or when seriously ill? if yes, explain below | Yes  No |
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| --- | --- |
| 1. Do you think this client should be continued on community probate? Explain why below | Yes  No |
|  | |

**Projected Date for Voluntary Treatment**

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| --- | --- | --- |
|  |  |  |
| Signature of Case Manager | | Date of Report |
|  |  |  |
| Printed Name of Case Manager | | Case Manager’s Phone Number |

Probate Case Manager Report 6/6/23